Wired for Change

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Located in the Nebraska panhandle, Chadron Community Hospital and Health Services is a small operation with a big data footprint. Anna Turman explains how the hospital has achieved new standards for wired health care—despite its remote location.

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Nebraska is famous for three things: football, corn, and cattle. In the state's northwest corner, known as the Sandhills region, the latter dominate. There, herds graze on prairie grass that blankets 20,000 square miles of ancient sand dunes. By growing where there once was desert, the pastures defy all odds. And yet, the land and livestock thrive. It's a fitting spot for **Chadron Community Hospital and Health Services** (CCHHS), a twenty-five-bed critical-access hospital that embodies the Sandhills spirit. Despite its location in a remote rural community, the hospital has established itself as a national leader in health-care IT. Like the soil on which it sits, the hospital has proven itself to be surprisingly fertile, having received *Hospital & Health Networks* magazine's "Most Wired" award for two consecutive years, in 2013 and 2014. CIO and COO Anna Turman explains why the secret to health-care IT isn't the size of a hospital's patient population, but rather the strength of its principles.

How does the location and size of CCHHS impact its mission?

We are fifty-three miles from the next critical-access hospital. So the big driver for us is caring for our patients close to home. Without this hospital, a patient who's getting chemotherapy would have to drive one hundred miles to the nearest larger hospital to receive treatment. How uncomfortable would that be if you were sick with cancer? It's the same thing with dialysis. Dialysis patients have to be at the hospital at 4 a.m. or 5 a.m. Without this hospital they'd have to leave home at 2 a.m. and drive two hours to the nearest hospital to spend all day in treatment, then drive another two hours home. Sitting in the car for four hours a day could negatively affect their health outcomes.

How does this influence CCHHS's IT needs?

The hospital is largely impacted by our community's average income, which is below the state average. Our hospital provides care to everyone, regardless of their ability to pay. That, along with increasing regulation and increasing complexity of the business, means there are more costs every year. As a result, we are required to care for more and more patients with fewer and fewer resources. IT assists in reducing this impact by managing our data and improving our processes, starting from admissions all the way through billing. The patient's entire medical record is in one place, accessible from anywhere, which allows access to the right information in the right place at the right time.

As a rural IT organization, what are your biggest challenges and opportunities?

Every day in health care we are presented with new challenges and new opportunities. For example, at one point the challenge was delivering digital information. Downloading radiological images such as ultrasounds or mammograms to our remote radiologists would take us eight hours to send over our T1 connection. So, we upgraded to a 10Mbps connection. When that wasn't working either, we realized a need in rural Nebraska and collaborated with eight other hospitals to apply for a grant that allowed us to install a high-speed fiber-optic redundant network.

Right now, our biggest challenge is disruptive technology. Every day there's a new app or an exciting new technology. Physicians can easily get focused on getting the newest technology without asking themselves if those technologies will actually help them deliver better patient care. Our challenge is helping them and all departments of the hospital determine what their goal is and how it fits into our strategic plan, then helping them find the right technology to accomplish their goal.

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One more challenge is resources. Not just financial, but human. We have a college here, for instance, but they stopped offering IT courses a couple years ago. That has made it really difficult to recruit. The way we have solved that is by developing our own people. I look for the right person with the right skills and strengths, then I give them the right training to help them grow in the right role.

CCHHS began implementing electronic health records (EHRs) in 2011. What was your first step?

We started from the ground up by thinking about the physical processes around delivering patient care. For example, we determined first how to deliver patient care at bedside; we have thin clients at every patient's bedside. We also use smart-card and proximity-card technology. So if a provider is in a patient's room and wants to run to the nurses' station to do something, he can use his smart card to pick up where he left off in a patient's record at a new station without missing a beat. Making technology very easy for them to access has encouraged providers, clinicians, and nurses to adopt and own EHRs, which has helped us make the case for adding more change around things like computerized physician order entry and physician documentation.

Really, it's about building relationships and trust. If someone doesn't trust you, they're not going to buy in. To build those relationships, I dilute the water of negativity and fear of change with as much positivity and passion as I can. And I don't lie. I am sure to communicate pros and cons as well as expectations. Never throw someone soft feather pillows when in reality you might be throwing bricks.

The Patient Protection and Affordable Care Act has been a major driver of health-care IT in the past few years. Has regulation been a motivator at CCHHS?

We would be driving change anyway. We don't implement technology because of regulations; we do it because of ethics. Most people in health care have a huge sense of responsibility. It is our duty to give our patients the best care possible. IT helps us do that by showing us the whole picture of a patient's health, not just a snapshot. For example, one of our biggest challenges is our distance from patients, so we are looking at how we can do more home monitoring using telepresence or telehealth. For instance, monitoring of diabetics could really empower patients to manage more of their own care. The goal isn't technology in and of itself; it's patient care and engagement, and technology can enable that.

Finally, you have the rare distinction of being both CIO and COO. Are the roles contradictory or complementary?

They coincide with each other. In IT you are typically 1-foot wide and 300-feet deep. As COO I have to be 300-feet wide and only 1-foot deep. So, being COO helps me look at the bigger picture. It's not just looking at a Picasso; it's understanding why and how that Picasso was painted. Being in operations, I get to look at the process behind each department, and as CIO that helps me gain incredible ground.

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